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Bib Data Sheet

CONFIRMATION NO. 3153

<b>SERIAL NUMBER</b> 09/966,319	<b>FILING DATE</b> 09/28/2001 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2671	<b>ATTORNEY DOCKET NO.</b> 09140/00001	
<b>APPLICANTS</b> Christine Gosden, Heswall, UNITED KINGDOM; Derek Gardener, Wigan, UNITED KINGDOM;					
<b>** CONTINUING DATA *****</b> <i>SSP</i> THIS APPLN CLAIMS BENEFIT OF 60/236,683 09/29/2000 <i>ver-fal</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>SSP</i> <i>None</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/30/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>SSP</i> Examiner's Signature <i>Initials</i>		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 25223					
<b>TITLE</b> Iconographic medical and population survey and system and method for using the same					
<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		